

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002741

1. Entity Name

PRAXIS CLINICAL SERVICES, INC.

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90196 040 ***550.00

Principal Place of Business

4225 E. LA PALMA AVE.
ANAHEIM CA 92807

Mailing Address

4225 E. LA PALMA AVE.
ANAHEIM CA 92807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0554113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.

526 E. PARK AVE.

TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME CD SECHRIST, RONALD ☐ Delete
STREET ADDRESS 4225 E LA PALMA AVE
CITY-ST-ZIP ANAHEIM CA 92807

TITLE NAME PRESIDENT / DIRECTOR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME PSD BAYER, TERRY ☐ Delete
STREET ADDRESS 12 WHITESAND DR
CITY-ST-ZIP NEWPORT COAST CA 92657

TITLE NAME DIRECTOR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME TREASURER ☐ Change ☒ Addition
NAME DAN NGUYEN
STREET ADDRESS 4225 E LA PALMA AVE
CITY-ST-ZIP ANAHEIM CA 92807

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME SECRETARY ☐ Change ☒ Addition
NAME CHARLE WALKER
STREET ADDRESS 4225 E LA PALMA AVE
CITY-ST-ZIP ANAHEIM CA 92807

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/02 714-579-8400
Date Daytime Phone #

CR2E034 (4/02)